

(For use of this form, see MEDDAC Reg 385-1, appendix O.)

(To be completed by the applicant.)

<b>SECTION B - INTERVIEW INFORMATION</b> (To be completed by the Safety Manager.)
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13. Comments

**SECTION C - PHYSICIAN'S CERTIFICATION**  
(To be completed by the Occupational Health (OH) Physician or designee.)

(To be completed by the Occupational Health (OH) Physician or designee.)

17. This employee requires a space-heating device for the following reason:

<b>SECTION D - APPLICATION REVIEW</b> (To be completed by the Safety Manager.)			
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(To be completed by the Safety Manager.)

23. Comments

**MEDDAC (Ft Meade) Form 763, 1 Apr 03**